Organization ID # 0736550 Commonwealth of Kentucky
State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

0736550.09

bschell PRPF

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

Received and Filed: 1/31/2013 12:06 PM Fee Receipt: \$130.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Application and Reinstatement Annual Report For the years 2012 through 2013

RST

Exact organization name and principal office address
SHADI, HOWAYDA, INC.
4102 MURPHY LANE
LOUISVILLE KY 40241

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

SHADI BADWAN 4102 MURPHY LANE LOUISVILLE, KY 40241



		ent officers. All organizations must list at least one (1) office ations are required to list a Secretary or other officer servin	
President	SHADI BADWAN		
	e name and address of all directors (if applicable) ult to the principal office address.	.No listing of directors is verification that the corporation ha	is dispensed with directors. If not specified,

2012. The unders	igned states that the grounds for diss	stember 11, 2012 because the entity did not olution either did not exist or have been elin led is a check in the amount of \$130.00, pay	ninated, and the entity's name
Under penalty of p information pertail 271B.14-220.	perjury, the below signed hereby auth ning to SHADI, HOWAYDA, INC. to t	orizes the Kentucky Department of Revenue he Secretary of State, as required for reinsta	e to release any applicable tax atement pursuant to KRS
If not an officer of	said entity, please provide a Declarat	tion of Power of Attorney with the Reinstater	ment Application.
X we	ull.	President	1/30/2013
Signature of office	per or chairman of the board (Required)	Title (Required)	Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

January 31, 2013

SHADI, HOWAYDA, INC. 4102 MURPHY LANE LOUISVILLE KY 40241

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SHADI**, **HOWAYDA**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Brandon Keenon, Revenue Auditor Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601

Phone: (502) 564-7337 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0736550





EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 01/31/2013

SHADI, HOWAYDA, INC.

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Stacey Miller
Division of Unemployment Insurance
275 East Main Street, 2-EH
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0736550





EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

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William Monterosso Executive Director

Date: 01/31/2013

SHADI, HOWAYDA, INC.

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Chad Atha Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

1 Hone. (302) 304-2272

Kentucky Secretary of State organization number 0736550

